

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: RANDLIN ADULT FAMILY CARE HOME INC (0009249)

Address: 706 NORTH 10TH AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 03/26/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096980 **End Date:** 05/02/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095684 **End Date:** 09/29/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091509 **End Date:** 10/07/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005256 Served 11/14/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/29/2005	Yes
88.04(2)(g)2	COMMUNICABLE DISEASE	09/29/2005	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	09/29/2005	Yes
88.10(5)(c)1	ASSISTANCE WITH GRIEVANCE PROCEDURE	09/29/2005	Yes

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Enforcement History

Date: 11/12/2003	SOD #10005256	Appealed: No
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Sanctions

OTHER SANCTION

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Adult Family Home

Facility Information

Facility Name: RANDYS ADULT FAMILY HOME (199039)

Address: W5615 HAZELNUT LANE, NECEDAH, WI 54646

License Status: REGULAR

Licensed/Certified/Registered 04/07/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096090 **End Date:** 12/16/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008309 Served 12/30/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		

Survey ID: 0091048 **End Date:** 09/22/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007868 Served 09/25/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/16/2005	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	12/16/2005	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/16/2005	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	12/16/2005	Yes

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